## PATENT APPLICATION FEE DETERMINATION RECORD

**Application or Docket Number** 

| Effective December 8, 2004   |  |   |  |   |               |                                       |                   | ,                  | 19                     | 58                         | 092>                       |                        |  |
|--|--|---|--|---|---------------|---------------------------------------|-------------------|--------------------|------------------------|----------------------------|----------------------------|------------------------|--|
| CLAIMS AS FILED - PART I  (Column 1) (Column 2)                          |  |   |  |   |               |                                       | SMALL ENTITY TYPE |                    | OR                     | OTHER THAN OR SMALL ENTITY |                            |                        |  |
| U.S. NATIONAL STAGE FEES   |  |   |  |   |               |                                       |                   | RATE               | FEE                    | ]                          | RATE                       | FEE                    |  |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150  |   |               | GE ENT. = \$ 300                      | ] [               | BASIC FEE          |                        | OR                         | BASIC FEE                  | 200                    |  |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100                  |   |               | ther situations = 100 / \$ 200        |                   | EXAM. FEE          |                        | 1                          | EXAM. FEE                  | 200                    |  |
| SEARCH FEE   |  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |   |               | other situations =<br>\$ 250 / \$ 500 |                   | SEARCH FEE         |                        |                            | SEARCH FEE                 | 300                    |  |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =  |   |               | / 50 <b>=</b>                         |                   | X \$ 125 =         |                        |                            | X \$ 250 =                 |                        |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | minus 20 = * (   |   |               | )                                     |                   | X \$ 25 =          |                        | OR                         | X \$ 50 =                  | 300                    |  |
| IND  | EPENDENT CL                                    | AIMS  | minus 3 = *  |   |               | 1                                     |                   | X \$ 100 =         |                        | OR                         | X \$ 200 =                 | 200                    |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |  |   |  |   |               |                                       |                   | + \$ 180 =         |                        | OR                         | + \$ 360 =                 |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |  |   |               |                                       |                   | TOTAL              |                        | OR                         | TOTAL                      |                        |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |  |   |  |   |               |                                       | _                 | SMALL ENTITY       |                        |                            | OTHER THAN OR SMALL ENTITY |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |               | PRESENT<br>EXTRA                      |                   | RATE               | ADDI-<br>TIONAL<br>FEE | ·                          | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus ,  | **  |               | =                                     |                   | X \$ 25 =          |                        | OR                         | X \$ 50 =                  |                        |  |
|  | Independent                                    | *   | Minus  | ***   |               | =                                     |                   | X \$ 100 =         |                        | OR                         | X \$ 200 =                 |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |   |               |                                       |                   | + \$ 180 =         |                        | OR                         | + \$ 360 =                 |                        |  |
|  |  |   | OTAL ADDIT.<br>FEE   |   | OR            | TOTAL ADDIT.<br>FEE                   |                   |                    |                        |                            |                            |                        |  |
|  |  | (Column 1)                                  |  | (Colun                                      |               | (Column 3)                            |                   |                    |                        | _                          |                            |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>· AFTER<br>AMENDMENT |  | HIGHI<br>NUME<br>PREVIO<br>PAID I           | BER<br>USLY · | PRESENT<br>EXTRA                      |                   | RATE               | ADDI-<br>TIONAL<br>FEE |                            | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus  | **  |               | =                                     |                   | X \$ 25 =          |                        | or                         | X \$ 50 =                  |                        |  |
|  | Independent                                    | *   | Minus  | ***   |               | =                                     | . [               | X \$ 100 =         |                        | OR                         | X \$ 200 =                 |                        |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |   |               |                                       |                   | + \$ 180 =         |                        | OR                         | + \$ 360 =                 | ·                      |  |
|  |  |   |  |   |               |                                       | T                 | OTAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE        |                        |  |
|  | *  | mn 1 is less than the                       |  |   |               |                                       |                   |                    | •                      |                            | ,                          | ·                      |  |

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.